

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 8-13-08

Supp-L

Ockr

1072926

1. NAME Privette Warren R
Last First MI2. BUSINESS PHONE 318-451-36553. BUSINESS ADDRESS 8134 Hwy 77 Fordoche LA 70732
Street and No. City State ZipMAILING ADDRESS PO Box 184 Fordoche La. 70732
Street and No. City State Zip4. EMPLOYER Privette & Associates LLC5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Roy O. Martin Lumber CoAddress PO Box 1110 Alexandria, LA 71309Business or purpose Forest Products Mfg, Lumber - Timber - Minerals☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of Aug. 11, 2008**SCANNED**

AUG 22 2008

By: MA

SUPPLEMENTAL REGISTRATION FORM



2. Name Allen Parish Police Jury
Address 602 Court St. Ocean, La 70655
Business or purpose Parish Government

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of Aug. 11, 2008

3. Name _____
Address _____
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Warren Rivette Sr.
Signature of Lobbyist